

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

931

State File No.

FILED JAN 14 1957

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Stevens</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (If in this place) <u>2 hour</u>		c. CITY OR TOWN <u>Aldrich</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.R. 1 mile west</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BURTIE</u> b. (Middle) <u>ANN</u> c. (Last) <u>DICKERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 5 - 1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan 17 - 1883</u>	
9. AGE (In years last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Andrew Hensley</u>		13b. MOTHER'S MAIDEN NAME <u>(unknown)</u>		13c. NAME OF HUSBAND OR WIFE <u>Tom Dickerson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Dickerson - Aldrich - Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 5, 1957</u> , to <u>Jan 5, 1957</u> , that I last saw the deceased alive on <u>Jan 5, 1957</u> , and that death occurred at <u>1:45 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James T. Good MD</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>1-7-57</u>	
24a. BURIAL, CREMATION, DISPOSAL (Specify)		24b. DATE <u>Jan 7 - 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Aldrich - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-10-57</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rayk Daniel - Walnut Grove - Mo.</u>			

VS SEP 16 1960

JAN 17 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ray L. Daniel

Licensed Embalmer No. *4702*

P. O. Address *Red Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.